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PTO/SB/03 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**PLANT PATENT
APPLICATION (35 U.S.C. 161)
DECLARATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Way

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the new and distinct variety of.

Sweet Cherry Tree

plant named: 'Ridgewood Cherry'

which is claimed and for which a plant patent is sought, the specification of which

☒ is attached hereto **OR** ☐ was filed on (MM/DD/YYYY) as United States

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim, as amended by any amendment specifically referred to above.

I have asexually reproduced the plant to which this application applies.

☒ Said plant was found in a cultivated area (check this box for newly found plant only)

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION – Plant Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Wanda Heuser Gale					
Address International Plant Management, Inc.					
Address 55826 60th Avenue					
City Lawrence			State MI		ZIP 49064
Country USA		Telephone 800-424-2765		Fax 616-674-3758	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Roger D.			Family Name or Surname Way		
Inventor's Signature <i>Roger D. Way</i>				Date 6/21/01	
Residence: City STANLEY		State NY	Country ONTARIO		Citizenship US
Mailing Address 2195 MOTT ROAD					
Mailing Address NYSAES, Department of Horticulture, Cornell University					
City Geneva		State NY	Zip 14456		Country USA
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Robert			Family Name or Surname Anderson		
Inventor's Signature				Date	
Residence: City		State	Country		Citizenship
Mailing Address					
Mailing Address NYSAES, Department of Horticulture, Cornell University					
City Geneva		State NY	Zip 14456		Country USA
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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City Lawrence

State MI

ZIP 49064

Country USA

Telephone 800-424-2765

Fax 616-674-3758

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Roger D.

Family Name or Surname Way

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address NYSAES, Department of Horticulture, Cornell University

City Geneva

State NY

Zip 14456

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Robert

Family Name or Surname Anderson *6/15/01*Inventor's Signature *Robert H. Anderson*

Date

Residence: City Geneva *112 White Springs Lane*

State NY

Country Ontario

Citizenship USA

Mailing Address

112 White Springs Lane

Mailing Address NYSAES, Department of Horticulture, Cornell University

City Geneva

State NY

Zip 14456

Country USA

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Susan K.		Brown	
Inventor's Signature <i>Susan K. Brown</i>		Date <i>6/19/01</i>	
Residence: City <i>Geneva</i>	State <i>NY</i>	Country <i>USA</i>	Citizenship <i>US</i>
Mailing Address: <i>65 Snell Road, Geneva NY 14456</i>			
Mailing Address Department of Horticulture, NYSAES, Cornell University			
City <i>Geneva</i>	State <i>NY</i>	ZIP <i>14456</i>	Country <i>USA</i>
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DECLARATION – Plant Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address belowName Wanda Heuser GaleAddress International Plant Management, Inc.Address 55826 60th AvenueCity LawrenceState MIZIP 49064Country USATelephone 800-424-2765Fax 616-674-3758

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Roger D.Family Name or Surname WayInventor's Signature Roger D. WayDate 6/21/01Residence: City STANLEYState NYCountry ONTARIOCitizenship USMailing Address 2195 MOTT ROADMailing Address NYSAES, Department of Horticulture, Cornell UniversityCity GenevaState NYZip 14456Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name RobertFamily Name or Surname Anderson

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address NYSAES, Department of Horticulture, Cornell UniversityCity GenevaState NYZip 14456Country USA☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Given Name (first and middle [if any])

Family Name or Surname

Susan K.

Brown

Inventor's
Signature

Susan K. Brown

Date 6/19/01

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City Geneva

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ZIP 14456

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